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AUTHOR Weber, Margaret B.; And Others
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ABSTRACT

A survey including 224 elementary, middle, and Black public school teachers from rural and urban Georgia school districts was conducted to examine basic knowledge about and attitudes toward educable mentally retarded (EMR) and trainable mentally retarded (TMR) learners. The survey instrument focused on basic knowledge of the handicapping condition, attitudes toward mainstreaming, and attitudes about the adaptive capabilities of retarded individuals. Among findings were that basic knowledge about the EMR and TMR handicapping conditions was limited, that less than half the respondents felt that both EMR and TMR children would benefit from mainstreaming, and that respondents held conflicting opinions regarding the role of the school as a source of attitude change in society and the ability of the schools to implement effective mainstreaming. Most of the teachers did not perceive the responsibilities of the classroom teacher to include working with EMR and TMR children in the regular classroom without additional staff support. (SBH)

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Attitudes of Public School Teachers Towards Mainstreaming the Mentally Retarded

Margaret B. Weber

Emory University

Participating Researchers:

Martha Ann Crowder
Nancy Herrington
Melinda McClure
Sherry Norman
Susan Price
Shirley Shivers
Sara Wilson

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Introduction

The Education for all Handicapped Children Act (Public Law 94-142) requires that a "free appropriate public education" be provided to all handicapped children between six and eighteen years of age by September, 1978.[1] The integration of handicapped children into the public education system and into regular classrooms will be reality after that time.

Until adjudication resolves what constitutes an "appropriate public education," it is generally assumed that, for the majority of handicapped children, "appropriate public education" means mainstreaming, or, the integration of handicapped children in the normal classroom for at least 50% of the school day (Birch, 1974).

Thus, the regular classroom teacher may find mentally retarded, hard of hearing, deaf, speech impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired or other health impaired, or children with learning disabilities--as well as children with normal hetergeneous characteristics--in the classroom for at least part of the school day.

The rationale behind mainstreaming is that the handicapped child benefits more from interacting with non-handicapped children than from interacting with only handicapped peers. The reality of the benefit will depend, however, on the attitudes and skills of the classroom teacher.

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[1]The provision of services to children age 3 to 6 is dependent upon state law.

The purpose of this study was to survey the attitudes of public school teachers toward the mainstreaming of mentally retarded learners. Basic knowledge about this handicapping condition also was surveyed in an attempt to identify cognitive barriers among teachers to successful mainstreaming.

Theoretical Rationale

The right to free public education for all children has long been rhetoric in America. Historically, however, blacks, women, non-English speaking and handicapped citizens have been excluded minorities. Central to the exclusion of minorities from access to public education are the stereotypes which reinforce segregation at all levels of society.

The right to integrated public education for all minorities was clearly stated in Brown vs. Board of Education. As the Court wrote:

> Today, education is perhaps the most important function of state and local governments . . . It is required in the performance of our most basic public responsibilities . . .It is the very foundation of good citizenship. Today it is the principal instrument in awakening the child to cultural values in preparing him for later professional training, and in helping him to adjust normally to his environment. In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms (347, U.S. 483, 493, 1954).

The Court also addressed the psychological effects of segregation in the schooling process. It is clear from Brown vs. Board of Education that segregation has a detrimental effect upon those excluded by generating feelings of inferiority. This case and others, such as Sweatt vs. Painter, demonstrates the integration imperative (Gilhool, 1976).

The analogy drawn between the handicapped as a segregated group and other minorities is not unfounded. Indeed, the issue is one of societal integration regardless of individual characteristics.

> Integration is a central constitutional tradition--not integration that denies difference but, rather, integration that accommodates difference, that appreciates it and celebrates it (Gilhool, 1976).

Also demonstrated in Brown vs. Board of Education is the notion that if a right is extended to some it must be extended to all. This has been labeled the zero reject principle (Gilhool, 1976). It is directly applicable to education, hence, zero-reject education.

The right to appropriate free integrated public education mandated for blacks in Brown vs. Board of Education, and for non-English speaking children in Lau vs. Nichols, has been legislated for the handicapped minority in the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The requirements of Public Law

94-142 are consistent with court decisions and acts of state legislatures which have, in recent years, set forth requirements for this important extension of the integration imperative, e.g., Pennsylvania Association for Retarded Children vs. Pennsylvania (343 F Supp. 279).

In 1975 Congress reported that more than half of the estimated eight million handicapped children in the United States were not receiving appropriate educational services. One million were reported to be excluded entirely from public education (A Free Appropriate Education for All Handicapped Children, 1976). P. L. 94-142 acts to redress this denial of the civil rights of the handicapped minority.

The Education for All Handicapped Children Act requires that free appropriate public education be provided to all handicapped children between 6 and 18 years of age by September, 1978, in order to receive funds under this act. By September 1, 1980, the same guarantee must be extended to handicapped children age 3 to 21.

P. L. 94-142 defines handicapped children as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired, or children with specific learning disabilities. Children with specific learning disabilities are defined as "those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language,

spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical caculations." Such disorders include perceptual handicaps, brain injury, miuimal brain dysfunction, dyslexia, and developmental aphasia. Not included are children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (P. L. 94-142, Section 602).

The impact of 94-142 is further strengthened by the provisions of federal regulations implementing section 504, the Rehabilitation Act of 1973. Section 504 has been described as the "club behind 94-142" (Cole and Dunn, 1977, 10). It states that no otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Thus, failure to comply with P. L. 94-142 means losing funding under that law only. But failure to comply with section 504 regulations could result in curtailment of all HEW educational funding.

Called by some the "quiet revolution," by others the "Civil Rights Movement of the Seventies," 94-142 may have profound effects on public education. The purpose of P. L. 94-142 is to:

> Assure that all handicapped children have available to them, within the time periods

> specified . . . a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and ensure the effectiveness of efforts to educate handicapped children (P. L. 94-142, Sec. 3).

The element of the Education for all Handicapped Children Act which has attracted the most interest and which speaks directly to the classroom teachers is the emphasis on integration of handicapped and non-handicapped children in the least restrictive environment. Procedures were included to assure that, to the maximum extent appropriate, handicapped children are educated with non-handicapped children and that special classes, special schools, or other segregation devices occur only when education in the regular classroom and as supplemented by special services is not satisfactory.

Education in the least restrictive environment is commonly referred to as "mainstreaming" and it is to mainstreaming that some educators react with vehemence and others with fear.

Although the term mainstreaming permeates recent literature in special education, a precise and widely accepted definition is difficult to identify. To some extent the definition is dependent upon funding questions. To some extent court action and interest groups have helped to confuse the issue.

Birch (1974) defined mainstreaming as providing high-quality special education to exceptional children while they remain in regular grades for as much of the day as possible. Beery (1972) suggested that mainstreaming contain three elements:

1. A continuum of programs for children who are experiencing difficulty;
2. A reduction of "pull-out" programs; and
3. Specialists to work in the regular classrooms as much as possible.

The one common denominator in definitions of mainstreaming is that they include a provision that handicapped children should be educated, at least in part, in the regular classroom. And, after September 1, 1978, classroom teachers trained as elementary, middle, or secondary specialists, may find themselves instructing mentally handicapped children, blind, deaf, speech-impaired, emotionally disturbed, orthopedically impaired children along with non-handicapped children.

A rationale behind mainstreaming is that the handicapped child benefits more from interacting with non-handicapped children than from interacting with only handicapped peers. However, the reality of the benefit of mainstreaming for these children will depend to a large degree on the attitudes and skills of the classroom teachers.

Martin (1975) suggests reconceptualization of basic teacher training so that all teachers will be able to deal with a range of unique needs and individual differences. He further states that necessary competencies can be taught but that it is the attitudinal barriers embedded in the belief systems and self-concepts of teachers that will impose painful and frustrating educational experiences to handicapped mainstreamed children.

Achieving an appropriate education for handicapped children requires a least restrictive education opportunity in terms of the physical setting in which the child is placed, the individual education program for that child, and the child's opportunity to interact meaningfully with handicapped peers and adults (Kenovitz, Zweibel and Edgar, in press). Teachers' attitudes towards handicapped children and their function in society will determine the extent to which a "least restrictive environment" exists for any handicapped child.

Results and Discussion

Sample and Survey Administration

The survey was mailed to a stratified random sample of 800 elementary, middle and secondary school assignments from both urban and rural districts. All surveys were distributed through the school mail two weeks prior to spring break, 1977. Reminders were sent following spring break and data gathering was terminated in mid-April, 1977.

Completed questionnaires were received from only 224, a 28% response rate. As the responses were not proportional within stratifications, the actual sample can best be described as a volunteer sample. Thus no attempt was made to compare across elementary, middle and secondary schools or between urban and rural districts. The data was analyzed despite the low return rate as it provides pilot information for future research.

Demography of the Respondents. Sixty-eight of the respondents were from a rural Georgia county. 151 were from a large urban school district. Five did not record district affiliation. Most were female, black elementary teachers. Most were married with no children. Most respondents held either T4 or T5 certification and more than half reported having completed at least one course on the exceptional child. Only 4% reported having any handicapped children under 18 years of age in their home. See tables 1-9 for detailed data on survey respondents.

Table 1

Degree Status

	Frequency	Percent
Bachelor	92	41.1
Masters	114	50.9
Doctorate	4	1.8
Other	14	6.2

Table 2

Certification Status

	Frequency	Percent
T4	99	44.2
T5	97	43.3
T6	15	6.7
Other	13	5.8

Table 3

Trained Specialty

	Frequency	Percent
K-4	143	63.8
5-8	64	28.6
9-12	0	0.0
Other	17	7.6

Table 4

Coursework in Exceptional Children

	Frequency	Percent
Yes	116	52.0
No	89	40.0
Other	19	8.0

Table 5

Sex

	Frequency	Percent
Male	34	15.2
Female	178	79.5
Unknown	12	5.3

Table 6

Race

	Frequency	Percent
Black	102	45.5
White	97	43.5
Unknown	25	11.1

Table 7

Marital Status

	Frequency	Percent
Single	38	17.0
Married	147	65.6
Divorced	21	9.4
Widow	8	3.6
Other	10	4.4

Table 8

Prevalence of Handicapped Children

Under 18 in Home

	Frequency	Percent
Yes	8	3.6
No	210	93.8
Other	6	2.6

Table 9

Parent

	Frequency	Percent
Yes	139	62.1
No	75	33.5
Other	10	4.4

Survey Focus

1977 Child Find data for the State of Georgia indicates 30,752 mentally retarded school-age children (age 6 to 18) are receiving an education. An additional 1,325 are either not receiving an education at all or are receiving an education which does not meet their needs (Georgia Special Education Annual Program Plan, 1977, 17). Prevalence estimates indicate that of those 32,077 mentally retarded children,

approximately 25,983 (81%) are mildly mentally retarded, i.e., Educable Mentally Retarded (EMR). An additional 4,305 (14%) are moderately mentally retarded, i.e., Trainable Mentally Retarded (TMR). Manpower factors for Georgia, however, are based upon estimates of 21,051 EMR and 3,158 TMR school age children.

Williams (1977) reports projected numbers of educable mentally retarded in Georgia in excess of Child Find data. She projects approximately 33,389 in this category of exceptionality alone.

Statewide prevalence estimates of 42,057 are reported in the Developmental Disabilities State Plan (1977, Table 2-2.2). This estimate exceeds both Child Find estimates and that reported by Williams (1977). This difference is indicative of the difficulties evident in attempts to project or collect reliable data in this area. However, it is apparent that Educable and Trainable Mentally Retarded learners do represent a large portion of handicapped children for whom P. L. 94-142 is directed.

Based on any of these estimates, however, the mildly and moderately mentally retarded school age population represents a large category of need. Thus, it is assumed that the mainstreaming of EMR and TMR learners into the regular classroom will have an impact on public classroom teachers in Georgia. And, as the study reported here was of practical necessity, limited in scope, only EMR and TMR learners were the objects of this survey.

Survey Instrument

The survey instrument used in this study was adapted from the Virginia State Opinion Survey (1974) designed to gather information about the attitudes and knowledge of Virginia residents towards the developmentally disabled and mentally ill. As the purpose of the study reported here was to gather information relating specifically to the attitudes and knowledge of public school teachers regarding the mainstreaming of educable mentally retarded (EMR) children and to trainable mentally retarded (TMR) children, the adopted instrument focused only on the following areas:

1. Teachers' knowledge of the handicapping condition.
2. Teachers' attitudes toward mainstreaming.
3. Teachers' expectations about the effects on retarded and normal children of mainstreaming.
4. Teachers' expectations about the responsibilities of public education toward retarded children.
5. Teachers expectations about funding for support services.
6. Teachers' attitudes about the adaptive capabilities of retarded individuals.

Open-ended and forced-choice items were used in this section of the survey. Dichotomous items were used in the attitude section of this instrument.

The survey instrument included duplicate items for both EMR and TMR-oriented responses. A demographic information sheet was also attached to provide background data on respondents' characteristics.

Results

Knowledge Variables

In order to estimate minimum basic knowledge about EMR and TMR handicapping conditions, the respondents were asked if they had read or heard of these two categories of mental retardation. In addition, those who responded in a positive fashion to this recognition item were asked to provide a brief description of each condition.

As reported in Table 10, 95% of the respondents had heard or read about both handicapping conditions. Further, approximately half were able to provide an adequate description[2] of the EMR condition and of the TMR condition (see Table 11).

The limited knowledge suggested in the number of inadequate descriptions of the EMR and TMR conditions is also reflected in a general lack of knowledge about causes of mental retardation. As reported in Table 12, approximately half of the respondents think that retardation is an inherited condition. This type of response has important implications for research on teacher expectations and on societal stereotypes for families with handicapped members.

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[2]This judgment was based on agreement of the seven students who developed the survey.

Table 10

Have You Ever Heard or Read About EMR/TMR Individuals?

N = 203

		EMR: Yes	EMR: No
TMR	Yes	193 (95.1%)	0 (0.0%)
	No	5 (2.5%)	5 (2.5%)

df = 1
Corrected X^2 = 79.22 ($p < .01$)

Table 11

If Yes to Above, Acceptable Description of the Behavior of an Individual Who is Educable or Trainable Mentally Retarded?

N = 180

		EMR: Acceptable Description	EMR: Unacceptable Description
TMR	Acceptable Description	104 (57.9%)	26 (14.4%)
	Unacceptable Description	21 (11.7%)	29 (16.1%)

df = 1
Corrected X^2 = 26.65 ($p < .01$)

Table 12

What Do You Think Is the Primary Cause of Mental Retardation?
N = 101

		EMR				
	(1) Inherited	(2) Drugs	(3) Mixed Marriages	(4) Stress	(5) Prenatal Damage	(6) Other
TMR (1)	89 (48%)	3 (2%)	0 (0%)	2 (5%)	3 (2%)	0 (0%)
(2)	2 (1%)	24 (12%)	0 (0%)	1 (.5%)	2 (1%)	0 (0%)
(3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
(4)	2 (1%)	1 (.5%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)
(5)	5 (2.6%)	2 (1%)	0 (0%)	0 (0%)	52 (27.2%)	0 (0%)
(6)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

df = 12
Corrected $X^2 = 287.96$ ($p < .01$)

Attitude Variables

For the purpose of this survey, attitudes toward mainstreaming, the responsibilities of public schools as service providers, and toward the adaptive capabilities of EMR and TMR individuals were examined. The differing emphasis among these areas within the survey reflects the interest of the researchers. The responses to attitude items are presented in the following sections.

Mainstreaming. When asked about social interaction, 93% indicated that both EMR and TMR children should be allowed to interact with normal children (see Table 13). However, this same consensus of opinion was not found when questioned about the benefits either to the mentally retarded children or to the normal children. Less than half of the respondents agreed that both EMR and TMR learners would "benefit"[3] in social and academic respects from mainstreaming. 36% felt that EMR children would benefit but that TMR children would not (see Table 14).

As mainstreaming may not be operationalized exclusively as integration within the regular classroom but may mean integration of special services within the regular school building, respondents were given an opportunity to respond to this type of mainstreaming issue. And, as might have been predicted, more teachers perceive this type of integration or mainstreaming as beneficial to both EMR and TMR learners (see Table 15).

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[3]"Benefit" was not defined for the respondents and was interpreted subjectively.

Table 13

EMR/TMR Individuals Should Not Be Allowed to Play or Interact with Normal Children

N = 200

		EMR	
		Agree	Disagree
TMR	Agree	1 (.5%)	7 (3.5%)
	Disagree	6 (3.0%)	186 (93.0%)

df = 1
Corrected X^2 = .19 (NS)

Table 14

EMR/TMR Individuals Will Benefit in Social and Academic Respects From Being Placed in a Regular School Classroom with Normal Children

N = 181

		EMR	
		Agree	Disagree
TMR	Agree	83 (47.0%)	2 (1.1%)
	Disagree	65 (35.9%)	30 (16.6%)

Corrected X^2 = 30.21 ($p < .01$)

Table 15

EMR/TMR Individuals Will Benefit in Social and Academic Respects From Being Placed in a Regular School Building with Normal Children

N = 188

		EMR: Agree	EMR: Disagree
TMR	Agree	126 (67.0%)	2 (1.1%)
	Disagree	42 (23.3%)	18 (9.6%)

df = 1
Corrected X^2 = 31.82 ($p < .01$)

Table 16

Normal Children Will Not Benefit in Social and Academic Respects From Having EMR/TMR Individuals Placed in a Regular School Classroom

N = 184

		EMR: Agree	EMR: Disagree
TMR	Agree	60 (32.6%)	38 (20.7%)
	Disagree	10 (5.4%)	76 (41.3%)

df = 1
Corrected X^2 = 45.72 ($p < .01$)

When responding to questions about the benefit to non-handicapped children of mainstreaming either in regular classrooms or within the regular school building, the same pattern of conservative responses emerged. Less than one-third felt that normal children would benefit from having both EMR and TMR children within the regular classroom (see Table 16). This proportion increased to approximately half when asked about the benefits to normal children of having EMR and TMR children within the regular school building.

The census of attitudes indicated in Tables 13 through 17, however, seems to suggest that these respondents recognize the benefits of mainstreaming. However, they perceive it as more beneficial to the mentally handicapped learners than to non-handicapped learners. And they perceive the integration of EMR and TMR as more beneficial when defined as special classes within the regular school than when defined within the regular classroom.

Table 17

Normal Children Will Benefit in Social and Academic Respects From EMR/TMR Individuals in a Regular School Building

N = 186

		EMR	
		Agree	Disagree
TMR	Agree	88 (47.3%)	9 (4.8%)
	Disagree	51 (27.4%)	38 (20.4%)

df = 1
Corrected X^2 = 25.71 ($p < .01$)

Responsibility of Public Education. Despite the rather conservative responses to questions of benefit to the mentally handicapped and non-handicapped learners, most of the respondents perceive contact among EMR, TMR, and normal children as beneficial to society (see Table 18). The school is viewed as a source of healthy attitude change in this regard. However, the role of the classroom teachers in implementing this attitude change is unclear. Only 25% agree that the classroom teacher should be willing to work with both EMR and TMR children within the regular classroom. 38% disagree with working with the TMR child but agree to working with the EMR child. And 36% disagree with working with either (see Table 19). And, as the logical extension of the data reported in Tables 18 and 19, approximately 64% of the respondents to the question on teacher aides indicate that classroom mainstreaming would require one or two additional aides (see Table 20).

The adequacy of the public school physical facilities is also an area of concern. As reported in Table 21, 42% question whether a TMR child could function adequately within the physical facilities of their schools. 16% question whether EMR or TMR children could function adequately. However, there is considerable support for the provision of local centers or facilities operated by the public schools (see Table 22). Thus, these respondents appear to perceive the public school system as the appropriate service providers for EMR and TMR children.

Table 18

Since the School is a Source of Attitude Changes, the Contact Between Normal Children and EMR/TMR Children Will Produce in Society More Healthy Attitudes Toward Individual Differences

N = 189

		EMR	
		Agree	Disagree
TMR	Agree	147 (78.0%)	0 (0.0%)
	Disagree	19 (10.1%)	23 (12.2%)

df = 1
Corrected X^2 = 86.60 ($p < .01$)

Table 19

A Teacher Should be Willing to Work With an EMR/TMR Retarded Individuals in the Regular Classroom

N = 193

		EMR	
		Agree	Disagree
TMR	Agree	49 (25.4%)	1 (.5%)
	Disagree	74 (38.3%)	69 (35.8%)

df = 1
Corrected X^2 = 32.31 ($p < .01$)

Table 20

Having EMRs/TMRs in the Regular Classroom Would Not Necessitate One or Two Additional Aides in the Classroom

N = 192

		EMR: Agree	EMR: Disagree
TMR	Agree	24 (12.5%)	2 (1.0%)
	Disagree	42 (22.4%)	123 (64.1%)

df = 1
Corrected $X^2 = 40.76$ ($p < .01$)

Table 21

An EMR/TMR Individual Would Be Able to Function Adequately Within the Physical Facilities of the School in Which You Teach

N = 186

		EMR: Agree	EMR: Disagree
TMR	Agree	76 (41.9%)	3 (1.6%)
	Disagree	80 (42.1%)	31 (16.3%)

df = 1
Corrected $X^2 = 16.69$ ($p < .01$)

Table 22

Local Centers or Facilities Operated by the Public Schools Should be Available for the Treatment and Training of the Educable/Trainable Mentally Retarded

N = 196

		EMR	
		Agree	Disagree
TMR	Agree	177 (90.3%)	10 (5.1%)
	Disagree	8 (4.1%)	1 (.5%)

df = 1
Corrected X^2 = .00006 (NS)

An interesting split in attitudes toward fiscal responsibility is evidenced in Table 23. While 40% believe that the states should fund supportive services for EMR and TMR children, approximately the same percentage believe that the federal government should fund these services. What is clear, however, is that county, family or volunteer systems should be responsible for these services.

Adaptive Capabilities of Retarded Individuals. The final section of attitude items focuses on elements of community living and stereotypic perceptions of EMR and TMR individuals. Responses to these attitude items provide insight into affective and cognitive barriers to effective mainstreaming independent of the classroom teacher's working environment.

96% of the respondents believe that both EMR and TMR individuals can live within the community if assistance is provided (see Table 24). Further, 83% disagree that institutionalization is the "best place" for EMR and TMR individuals (see Table 25). Further, 63% disagree that EMR and TMR individuals prefer to socialize with their handicapped peers than with non-handicapped individuals (see Table 26). In addition, approximately 94% believe that both EMR and TMR individuals can be self-supporting and self-maintaining through proper training (see Table 27).

These data suggest that these respondents have internalized the concept of normalization. However, as reported in Table 28, approximately 25% perceive both EMR and TMR individuals as needing constant supervision. Further, 44% agree that the TMR needs constant supervision whereas the EMR does not.

In terms of community living and the appropriateness of normalization, this survey included questions regarding the criminal and sexual deviancy of the mentally handicapped individual. These were selected as areas for examination as they represent two stereotypic characterizations which could influence negative attitudes towards mainstreaming.

In response to questions about the increased likelihood of criminal action or loose sexual behavior, the stereotypic response was given by less than 15% of the respondents (see Tables 29 and 30). However, sexual behavior appears to be a more stable stereotype than criminal tendencies.

Table 23

Money to Pay for Treatment and Services for EMR/TMR Individuals Should Come from Which of the Following?

N = 200

EMR

		(1) State	(2) Federal	(3) City or County	(4) Family	(5) Voluntary	(6) Other
	(1)	81 (40.3%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (.5%)
	(2)	14 (7.0%)	84 (41.8%)	2 (1.0%)	1 (.5%)	1 (.5%)	0 (0.0%)
TMR	(3)	1 (.5%)	0 (0.0%)	1 (.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	(4)	1 (.5%)	1 (.5%)	0 (0.0%)	4 (2.0%)	0 (0.0%)	0 (0.0%)
	(5)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	(6)	1 (.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

df = 1
Corrected X^2 = 411.30 (p < .01)

Table 24

EMR/TMR Individuals Are Able to Live in Their Community if They Are Provided Proper Treatment and Supervision

N = 201

		EMR: Agree	EMR: Disagree
TMR	Agree	193 (96.0%)	1 (.5%)
	Disagree	6 (3.0%)	1 (.5%)

df = 1
Corrected X^2 = 2.78 ($p < .10$)

Table 25

The Best Place for an EMR/TMR Individual is Probably Some Kind of Institution or Hospital

N = 195

		EMR: Agree	EMR: Disagree
TMR	Agree	2 (1.0%)	29 (15.9%)
	Disagree	2 (1.0%)	162 (83.1%)

df = 1
Corrected X^2 = 1.43 ($p > .30$)

Table 26

An EMR/TMR Can Become More Able to Support and Care for Himself Through Proper Training

N =

		EMR	
		Agree	Disagree
TMR	Agree	186 (93.9%)	1 (.5%)
	Disagree	11 (5.6%)	0 (0.0%)

df = 1
Corrected X^2 = 3.78 ($p < .10$)

Table 27

EMR/TMR Individuals Would Probably Rather Socialize With Others Like Themselves Than With Normal People

N = 172

		EMR	
		Agree	Disagree
TMR	Agree	24 (14.0%)	33 (19.0%)
	Disagree	7 (4.0%)	108 (63.0%)

df = 1
Corrected X^2 = 31.73 ($p < .01$)

Table 28

The EMR/TMR Individual Usually Needs Constant Supervision

N = 192

		EMR	
		Agree	Disagree
TMR	Agree	50 (25.0%)	85 (45.3%)
	Disagree	4 (2.1%)	53 (27.6%)

df = 1
Corrected X^2 = 16.41 ($p < .01$)

Table 29

An EMR/TMR Individual is More Likely to Commit Crimes than People in General

N = 194

		EMR	
		Agree	Disagree
TMR	Agree	6 (3.1%)	6 (3.1%)
	Disagree	5 (2.6%)	177 (91.2%)

df = 1
Corrected X^2 = 38.58 ($p < .01$)

Table 30

An EMR/TMR Person is More Likely to be Involved in Loose Sexual Behavior than People in General

N = 183

		EMR	
		Agree	Disagree
TMR	Agree	27 (15.8%)	19 (10.4%)
	Disagree	3 (1.6%)	129 (73.29%)

df = 1
Corrected X^2 = 76.15 (p <)

Conclusion

The purpose of this survey was to examine basic knowledge about and attitudes toward the mainstreaming of Educable Mentally Retarded (EMR) and Trainable Mentally Retarded (TMR) learners. Respondents to the survey included 224 elementary, middle and black public school teachers from rural and urban Georgia school districts. The survey instrument focused on:

1. Basic knowledge of the handicapping condition.
2. Attitudes toward mainstreaming.
3. Attitudes about the adaptive capabilities of retarded individuals.

Basic knowledge about the EMR and TMR handicapping conditions was limited among the survey respondents. Although most had heard the labels, few could adequately describe both conditions. There was also a general lack of knowledge about the causes of mental retardation.

In response to the questions about mainstreaming, less than half of the respondents felt that both EMR and TMR children would benefit fron mainstreaming. However, these respondents appeared to perceive the incorporation of special classrooms within the regular school as more beneficial for handicapped children than classroom mainstreaming. And the normal child is perceived as benefitting from even this restricted type of mainstreaming by

approximately half of the respondents.

The respondents appear to express conflict between the role of the school as a source of attitude change in society and the ability of the schools to implement effective mainstreaming. Both the limitations of staffing and physical facilities are viewed by these respondents as barriers to effective mainstreaming. Regardless of positive attitudes toward normalization indicated by positive perceptions of the adaptive capabilities of mentally retarded individuals and towards the school as an important source of attitude change, most of these teachers do not perceive the responsibilities of the classroom teachers to include working with EMR and TMR in the regular classroom without additional staff support.

Recommendations

The conclusions of this descriptive study suggest that these teachers are unfamiliar with mental retardation as a handicapping condition, that they are unfamiliar with the expected benefits of mainstreaming that may accrue to all children and to society in general. Further, they appear to resist the integration of these particular handicapped children within their area of direct responsibility, the classroom.

In order to change attitudes, preferences, and utlimately the behavior of these teachers towards retarded children and all

other handicapped children, programs to enable the classroom teacher to cope with increased learner hetergeneity are necessary. Given that the choice for or against mainstreaming does not reside within the authority of educators, teachers must learn that:

1. Education can be redefined to include self-help, psychomotor and social skills as well as academic skills.
2. Individualized instruction can be implemented by the classroom teacher.
3. Instructional activities can be varied to be effective for all types of learner differences.

In short, educators must realize that the concept of equal educational opportunity, the right of every citizen, means unequal educational experiences. The unique needs of every child cannot be met with the same teaching style, method or material.

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